

## HAVING BREAST CANCER IN THE PANDEMIC: A QUALITATIVE STUDY ON A CASE

Oya Ögenler<sup>1</sup>, Selda Okuyaz<sup>2</sup>

**Abstract:** Breast cancer is the most common and life-threatening cancer among women. Individual, socioeconomic and cultural characteristics, the society in which she lives, affect the woman's quality of life and health status during the cancer process. The ethical problems women experience due to breast cancer in ordinary times have become more complex with additional problems related to the COVID-19 pandemic. This study aims to raise awareness about the importance of the biopsychosocial approach in the physician-patient relationship through the experiences of a case diagnosed with breast cancer. Our study evaluated and compared the experiences and opinions of a 52-year-old woman diagnosed with invasive ductal breast cancer in the first six months of the epidemic with the literature. It is clear that breast cancer is closely linked to sexual identity, and "being a cancer patient" can be described as a life-changing crisis. The pandemic period has characteristics against the cancer patient due to restrictions. She stated that the patient diagnosed with cancer had positive characteristics, such as a physician-patient relationship and social determinants in the hospital-related processes, but she experienced social exclusion due to the pandemic period. As a result, it is clear that the biopsychosocial holistic view of the health personnel is as effective as the patient's individual characteristics and social determinants, the relationship between the patient and the health personnel, and the shaping of the treatment process.

**Keywords:** breast cancer, physician-patient relationship, COVID-19, ethical issues, quality of life

### Cáncer de mama en la pandemia: un estudio cualitativo sobre un caso

**Resumen:** El cáncer de mama es el cáncer más común y potencialmente mortal en mujeres. Las características individuales, socioeconómicas y culturales, así como la sociedad en la que viven, afectan su calidad de vida y su estado de salud durante el proceso oncológico. Los problemas éticos que las mujeres experimentan debido al cáncer de mama en tiempos normales se han vuelto más complejos junto con los problemas adicionales relacionados con la pandemia de COVID-19. Este estudio tiene como objetivo concientizar sobre la importancia del enfoque biopsicosocial en la relación médico-paciente, a través de las experiencias de un caso diagnosticado con cáncer de mama. Nuestro estudio evaluó y comparó las experiencias y opiniones de una mujer de 52 años diagnosticada con cáncer de mama ductal invasivo durante los primeros seis meses de la epidemia con la literatura existente. Está claro que el cáncer de mama está estrechamente vinculado a la identidad sexual, y ser "paciente con cáncer" puede describirse como una crisis que cambia la vida. El período de la pandemia presenta características adversas para los pacientes con cáncer debido a las restricciones que se presentan. La paciente afirmó que tenía características positivas, como una buena relación médico-paciente y determinantes sociales en los procesos hospitalarios, pero experimentó exclusión social debido al período de la pandemia. Como resultado, es evidente que la visión holística biopsicosocial del personal sanitario es tan eficaz como las características individuales del paciente, los determinantes sociales, la relación entre el paciente y el personal sanitario y la configuración del proceso de tratamiento.

**Palabras clave:** cáncer de mama, relación médico-paciente, COVID-19, cuestiones éticas, calidad de vida

### Tendo câncer de mama na pandemia: um estudo qualitativo de um caso

**Resumo:** Câncer de mama é o câncer mais comum e ameaçador à vida entre mulheres. Características individuais, sócio-econômicas e culturais e a sociedade na qual ela vive, afetam a qualidade de vida e o estado de saúde da mulher durante o processo do câncer. Os problemas éticos que as mulheres vivenciam devido ao câncer de mama em tempos normais, tornaram-se mais complexos com problemas adicionais relacionados à pandemia pelo COVID-19. Esse estudo objetiva aumentar a conscientização sobre a importância da abordagem biopsicosocial na relação médico-paciente, através das experiências de um caso diagnosticado com câncer de mama. Nosso estudo avaliou e comparou experiências e opiniões de uma mulher de 52 anos de idade diagnosticada com câncer de mama ductal invasivo nos primeiros seis meses da epidemia com a literatura. Está claro que o câncer de mama está intimamente ligado a identidade sexual e "ser um paciente com câncer" pode ser descrito como uma crise que muda a vida. O período da pandemia tem características desfavoráveis para paciente com câncer devidos às restrições. Ela afirmou que a paciente diagnosticada com câncer tinha características positivas, tais como a relação médico-paciente e os determinantes sociais nos processos relacionados ao hospital, mas ela vivenciou exclusão social devido ao período da pandemia. Como resultado, está claro que a visão holística biopsicosocial do pessoal de saúde é tão eficaz quanto as características individuais do paciente e os determinantes sociais, a relação entre o paciente e o pessoal de saúde, e a definição do processo de tratamento.

**Palavras chave:** câncer de mama, relação médico-paciente, COVID-19, questões éticas, qualidade de vida

<sup>1</sup> Mersin University, Faculty of Medicine, Department of Medical History and Ethics, Turkey, [oyaogenler@mersin.edu.tr](mailto:oyaogenler@mersin.edu.tr), <https://orcid.org/0000-0002-5118-6170>

<sup>2</sup> Mersin University, Faculty of Medicine, Department of Medical History and Ethics, Turkey, <https://orcid.org/0000-0002-5048-8679>

## Introduction

The coronavirus disease 2019 (COVID-19), identified in December 2019 in Wuhan, China, was declared a global epidemic by the World Health Organization (WHO) in early March 2020. As in many other countries, regulations have been made for health care services as of March 10, 2020, in Turkey(1). In this period, individuals with chronic health problems, including cancer patients, were more adversely affected than standard patients. The absence of cancer-specific emergency standards other than the standards of care for the COVID-19 pandemic, such as justice, the duty of care, the duty to protect resources, transparency, consistency, proportionality and accountability, caused the process to change against the individual with cancer. Restrictions on diagnosing and treating cancer diseases and elective surgeries can be classified as the most significant disadvantages during the pandemic(2). However, in ordinary times, cancer is a physical and psycho-social disease that includes many surgical processes, the excess of drugs used and their side effects, the possibility of metastasis, body image loss anxiety, economic, psychological, emotional, physical and environmental difficulties. There are differences in cancer rates according to gender. The impact of COVID-19 on cancer patients during the pandemic also differed by gender and age(2,3,4). Cancer treatment cannot be postponed for any event, as in oncology, studies show that patients with low immunity is more affected by the COVID-19 disease, affecting the mortality rate, is not considered safe enough to prevent treatment. The cancer patient is a member of a vulnerable group(2). In the COVID-19 pandemic, the magnitude of the effects of suspending screening programs for cancer patients, the closure of standard polyclinic examinations in the health system, and delays in cancer diagnosis and treatment on diagnosis and mortality rates cannot be estimated. While delays in diagnosis and barriers to transportation cause a decrease in incidence, barriers to access to cancer treatment and care are likely to cause an increase in advanced-stage diagnoses and cancer deaths(2,5,6).

Breast cancer, the most common among women, accounts for 25% of all female cancers worldwide(7). In general, the increase in cancer patients

worldwide and in Turkey can be attributed to living conditions such as unhealthy diet, alcohol and tobacco use. The estimated number of new cancer cases worldwide in 2020 is 19.3 million, with 233,834 in Turkey(3,7). Female breast cancer ranks first in new cancer cases, followed by lung, colorectal, prostate and stomach cancers. Cancer is one of the most important causes of death under the age of 70 in many countries, including Turkey(7).

Cancer is a chronic systemic disease(8). Being diagnosed with a chronic disease can turn the lives of patients and their families upside down. Everything from daily routines to family dynamics has to change to adapt to the new normal the disease brings. In addition to the economic and cultural difficulties in the chronic disease process, the possibilities and life expectancies of the patient are effective in coping with the difficulties. The disease, which disrupts the general functioning of the patient's environment, can lead to biopsychosocial problems, and the patient and her family may not know how to cope with difficulties during the process. Family members may face different emotional challenges depending on their relationship with the loved one who has the disease. The patient may feel grief or loss about her life and the future she imagined before her diagnosis. The family member who cares for the patient may sometimes feel overwhelmed and exhausted and experience compassion fatigue. The effect of the disease on the patient and her environment can be more complex and challenging due to the intensity of the side effects of the treatment process in cancer(9).

In addition, it can be thought that the fear of death of cancer patients and their relatives may differ from other times during the pandemic. The mentality of the health personnel who provide health care for cancer in the event of a pandemic or a possible disaster can determine the attitude and behavior of the cancer patient undergoing the diagnosis and treatment of cancer. Some recommendations draw an ethical framework for the treatment of individuals with cancer in resource-limited settings. Unfortunately, these inconsistent frameworks cannot be said to meet the required need(2). Very recently, an earthquake in Turkey affected 11 provinces and, indirectly, the whole country. The cancer patient underwent the process

in an intense period, except for her disease. Natural events, terrorism, and war will affect the cancer patient more than the normal individual.

For this reason, it is important to examine the sample cases reached in extraordinary periods to shape the diagnosis and treatment processes in favor of the patient. In this context, the views of a patient diagnosed with early-stage cancer during the pandemic period in 2020 were evaluated in comparison with the literature in terms of biopsychosociality. This study aims to guide the patient-healthcare worker relationship and raise awareness by evaluating the approach to the body and death of the patient diagnosed with cancer in extraordinary situations such as pandemics from a biopsychosocial perspective.

### Case

Right breast-conserving surgery was performed on a 52-year-old single and nulliparous patient diagnosed with invasive cancer with a tru-cut biopsy in November 2020. Axillary node was negative, stage 1 right breast cancer (T1, N0, M0), HERS2-, and Ki-67<10 hormone receptors were positive. The patient, a healthcare worker, received four cycles of chemotherapy and 35 working days of radiotherapy after surgery. She was scheduled to take 1 mg of anastrozole for ten years. She is still being followed up by the general surgery and medical oncology departments every six months.

### Discussion

The number of patients diagnosed with cancer through screening programs is increasing day by day. The difference of 75% between the number of patients diagnosed between 2008 and 2020 can be considered an indicator of the rate of increase(10) 30% of cancer diagnoses in women are breast cancer, and 15% of deaths are from breast cancer. However, with the help of cancer screening programs, early diagnosis and treatment opportunities have reduced the expected death rates from cancer(11). There are 331 Cancer Early Diagnosis, Screening and Education Centers (KETEM) in Turkey, at least one in each province(10). It is envisaged that women apply to KETEM or different cancer diagnosis centers at the secondary and tertiary levels in an organized manner. Breast

cancer is followed up with monthly breast self-examination and once-a-year mammography, recommended for all women between the ages of 40 and 69(12).

Our case had a regular ultrasound every six months for five years before diagnosis due to axillary lymphadenopathy, and had a mammogram once a year. When she applied to a different health institution two months later than usual, instead of the sixth month due to the pandemic, for the USG before the diagnosis, the radiologist who performed the USG stated that he saw a suspicious mass, but added that three months could be waited for the biopsy. Since the patient is a healthcare worker, it can be thought that she is less affected by this process, which works against the cancer patient. The fact that a woman tries so hard for early diagnosis of breast cancer with the thought that 'I can be sick at any moment' is a great haste to delay the disease and protect the body. According to this view, a woman should do everything she can, knowing it is her responsibility. The literature supports the efforts of our case for early diagnosis. Following the traditional sexist role, the woman passively and patiently strives for her body, which needs to be exhibited and protected, knowing that cancer can happen at any moment. For a woman who sees herself through someone else's eyes, protecting her health can be synonymous with protecting her body. From this point of view, a breast cancer diagnosis can be a tool for protecting the body, not a goal. The difference of the breast from other organs is that it is important in cosmetics and body image and is accepted that it represents gender. The female breast is in an important position for the woman in the visible part of the body, which has pleasant curves and enables the baby to integrate with the mother. According to the value given by society, the breast, which must be alive enough to defy gravity, is complemented by clothing and contributes to the sexual appearance of the woman(13,14). It is certain that the influence of society's health discourses on the formation of the thoughts of women with cancer, including our case.

### Cancer treatment process

According to the WHO definition, health is not only physical but also mental and social well-be-

ing. Physiological and biological markers of the health of the patient diagnosed with breast cancer include imaging tests such as breast MRI, PET scan, blood biochemistry, immunological and histopathological diagnosis methods, and many procedures performed on the patient or tissue before and after surgery. It can be argued that the mental state of a woman diagnosed with breast cancer differs from that of other disease diagnoses(15,16).

The coordinated work of radiology, surgery, pathology, medical oncology and radiation oncology in cancer processes will shape the patient's future. Physicians need information about the woman's life expectancy, social and mental state, and body in terms of clarification and consent. The patient and her relatives are in the process psychologically, socio-culturally and economically. How long the treatment process will last, how much it will affect the patient and her environment, and possible negativities are critical situations that should be understood in detail by the patient and her environment.

The patient's emotional state, physical health, quality of life and treatment compliance will vary according to the approach of the physicians/health personnel. The woman's body image will change depending on the type of surgery determined by the general surgeon according to the stage and type of cancer. The woman's lived experiences, beliefs, and body perception, depending on the thoughts of others about her own body affect the psychological and physiological state in the post-operative period(17). The surgeon's clarification will prevent the patient's anxiety about her illness and body image. Even if the physician's knowledge and experience, as well as the patient's adequacy, do not eliminate the body image anxiety, it enables the patient to act by believing that the decision made is correct for the patient's future. The patient may not change the decision made by the physician, and the possibility of rejection may be very low, but the clarification of why the operation was performed in this way will enable the woman to say "the right decision" in the absence of beautiful curves while wearing her dress every day(18). The importance of realistic information given by the physician, allowing questions to the physician, and a confident and supportive healthcare professional cannot be denied.

Possible problems, side effects, and survival should be explained to the patient. However, as mentioned in one study, it is wrong to set a deadline for your life by a physician. Giving percentages of how much life is left causes people to become numbers. The surgeon of our case mentioned that the cancer was detected at an early stage, that the operation would be shaped according to the axillary metastasis during the operation, and that possible side effects were mentioned, but no explanation was given that the date of death would affect the prognosis. In case of complete closure during the pandemic, the procedures have been accelerated to perform the surgery as soon as possible. The physician's asking the patient what information she wants to learn will contribute to the patient's compliance. Confidence and compliance with treatment will increase when the patient receives information about the prognosis, similarly from all physicians participating in the process from the beginning of the disease(19). The chemotherapy process was followed by a medical oncologist in a different city instead of the patient's health institution. The possible percentages of metastases after treatment were mentioned in the clarification and consent of the medical oncologist. The chemotherapy drugs to be chosen, the purpose for which they are chosen and their contribution to the treatment of the patient are explained. The side effects of the drugs used in each chemotherapy cycle were explained to the patient in detail, and the possible side effects and the drugs to be used and the emergency numbers to call were given to the patient with a written document. The patient who had a throat infection during the second chemotherapy cycle stated that when she heard the sentence "do not be in the hospital, there is no place for you" from her physician friend in the city where she lived, she felt that she could die at that moment. The sentence "There is no room for you" is a cautionary example of how the restrictions affect the cancer patient's chances of survival, with no chance of being hospitalized with an illness other than COVID-19 during the pandemic. Cancer is associated with "death" in society. A study stated that healthcare professionals informed their patients about the prognosis based on mortality(19). In our case, there was no association with death in the clarification process. The healthcare professional friends outside the pa-

tient's immediate family associated the diagnosis with death and exposed her to social stigma/exclusion. In the literature, there is a need for a study on the views of healthcare professionals about the social exclusion/stigmatization of cancer patients or their relatives.

Being diagnosed with cancer, the presence of metastases, and how the treatment process will be shaped affect the patient and her family. Socio-economic opportunities, insurance availability, accessibility to the physician, and difficulties in understanding the terminology in the diagnosis and treatment of cancer necessitate mentioning the existence of a socio-cultural emotional dimension that is more intense and different from other diseases(16,20,21). In this context, the social determinants of health can be divided into five subgroups; individual (age and gender), socioeconomic (unemployment, working conditions, poverty and social exclusion), environmental (housing, social environment and clean food and water), lifestyle (physical activity, addiction and sexual preferences) and transportation (transport, social services, education). Our case stated that her characteristics are being over 50 years old and in menopause; socioeconomically, she has above-average economic power as an active health personnel and sufficient social support for the hospital process. However, she has experienced social exclusion due to the pandemic and her cancer. As environmental determinants, living in a house with clean water and positive features in terms of the environment; as lifestyle, she stated that she had a history of smoking for four years, did not have any addiction history and was not married. She added that since it was a pandemic period, a permit was obtained to be used in all restrictions for transportation and social services, and she used her means. Our case has positive characteristics in terms of social determinants that many women with breast cancer do not have. According to studies, the patient's quality of life and health are adversely affected by the negativity of social determinants. There are also studies showing that women have worse health status in terms of social determinants(20). The health status of economically weak people is defined as worse. It is important for our case to be in good financial condition, have easy access to hospital facilities from a social point of view,

and be able to meet her health-related needs with her means, especially in a period when chronic patients are having problems, such as during the pandemic period. However, it is important, mentally and socially, that she states that she is deprived of the communication network provided by others as social support, which makes the individual feel cared for and loved, and that she is experiencing social exclusion(20). Breast cancer is a disease directly related to the sexual identity of women. Our patient stated that she could not tell non-health individuals she had breast cancer because the word "breast" had sexual connotations.

With the cancer diagnosis, the person has encountered a traumatic event that threatens her existence and changes her normal life, making her think she will die. Being diagnosed with cancer is a situation suitable for the definition of "crisis"(16). If we or someone close to us is experiencing a loss, a unique experience occurs, respectively, which is overwhelming and confusing; it is suggested that during this period, the patient will experience five phases of emotions, such as denial, anger, bargaining, depression and acceptance, according to Kubler-Ross classification(22). At the same time, the patient, who is in a physically, psychologically, socially, economically challenging period for diagnosis and treatment, experiences a period of "crisis" regarding her health(15). Studies are showing that the psychological state of women diagnosed with cancer affects the acceptance of the disease and compliance with the treatment process. The abilities and experiences of the patient diagnosed with cancer will affect her coping with the crisis(16). The insidiousness and fatality of cancer, the changes in the body during the treatment process, and the process of becoming ugly and in need of care provide the emotional definition of the process. According to the literature, women with cancer who experience anxiety after diagnosis experience more distress, anxiety and depression than men(16,21). Since our case is a health worker, it can be argued that the level of knowledge on cancer and death contributes to the excellent management of the process, and as a health worker, the physician-patient relationship is different from non-health patients. The positive features of the patient's treatment compliance process may have reduced the discomfort caused by the treatment.

The patient with a cancer diagnosis requires a medical understanding beyond the standard medical approach, with good communication skills and far from stereotypical thoughts, more than the patient diagnosed with any disease. Communication between the physician and the patient will create trust and ensure that the patient's health is positively affected(23). As seen in our case, the positive effect of the physician-patient relationship is obvious. Attitudes and behaviors of patients, physicians and their environment towards "goodness" shape the disease process of women with breast cancer(20).

## Conclusion

It is important to ensure the institutional structure that will ensure the continuity of the approach in the diagnosis and treatment process in the ordinary period so that the patient does not suffer from inequality due to restrictions during the pandemic. The case stated that although she was a healthcare worker, she was affected by limitations and social exclusion. It should be considered that cancer is a disease that is affected more by social

determinants than other diseases for each period. For this reason, it is important to determine the presence of the patient's biological markers and other factors and to support them with social institutions for the disease process to be positive, increase the quality of life, and be healthier. It is important to inform the diagnosed patient and their family about what will happen during the disease process, including biological, psychological, and social factors.

The biopsychosocial approach to the cancer patient will affect the entire treatment process from diagnosis. Since cancer is a disease that requires multidisciplinary work in the diagnosis and treatment process, opening multidisciplinary areas that will ensure this unity in hospitals, providing physicians and all healthcare professionals with the necessary training to provide the biopsychosocial approach necessary for cancer patients, to reveal the positive and negative attitudes and behaviors that will affect the patient-physician relationship administratively and to provide the necessary initiatives to reinforce the positive features and eliminate the negative features are important.

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